ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 26, 2020 Case Number: 21-17

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr. Christine Garza

Premise Name: Crossroads Veterinary Hospital

Premise Address: 3871 South Gilbert Rd.

City: Gilbert State: AZ Zip Code: 85297

Telephone: 480-899-0038

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Lisa Hegarty

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Home Telephone: [redacted] Cell Telephone: [redacted]

**STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.*

C. PATIENT INFORMATION (1):

Name: Bandit

Breed/Species: Shih Tzu

Age: app. 14 Sex: male Color: grey/ white

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Dr. Christine Garza Crossroads Veterinary Hospital 3871 S. Gilbert Rd. Gilbert 480-899-0038

Dr. Smith AVECCC 86 West Juniper Ave. Gilbert 480-497-0222
Dr. Balke Veterinary Dentist 86 West Juniper Ave. Gilbert 480-635-1110

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Timothy Hegarty [redacted]
Madison Barczak [redacted]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Lisa A. Hegarty

Date: August 20, 2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

In January 2020 Bandit saw Dr. Garza at Crossroads Veterinary Hospital for an anal gland expression. Dr. Garza examined Bandit at that time and said he had 1-2 teeth that looked bad and that would require extraction soon. Tim and Lisa Hegarty expressed concern to Dr. Garza about a dog of 14 yrs being under anesthesia for a prolonged period of time and were assured it would be a quick "in and out" and only take 2 teeth. Consent was given and a date of Feb. 3rd was set. On Feb 3rd Bandit was taken to Crossroads to have his dental procedure. When Lisa arrived after the procedure to pick Bandit up, she was informed Bandit had "a few complications". It was learned that Dr. Garza had removed not 1-2 teeth, but had removed 9 teeth and in the process of doing so, broke Bandit's lower jaw in half. Dr. Garza then brought Bandit out to Lisa in a make shift muzzle, stating it was too big but that we were free to go get a smaller one if we wanted to, a medium was all she had. Bandit was crying and wailing and shaking, and did not stop for days. Since his jaw was fractured and he was now missing 9 teeth and in oral pain, it was impossible to provide him with the ORAL medications required to keep him from getting an infection, and for pain management. As the week went on, Bandit had zero pain relief, as we were unable to get near his face to give him his meds. Dr. Garza and her office manager asked us to bring Bandit up twice a day and they would provide the meds he needed, which was an impossibility since Bandit now was withdrawn, shaking from pain, wandering the house at night confused and agitated, dehydrated and had stopped eating and drinking completely. The thought of handing him over to this person was not anything we were going to do. We called daily for help, the staff at Crossroads quit taking our calls or returning them. Dr. Garza also ordered medications that were too high of a dose to give to a 14 pound dog, and which would have effectively harmed him even more. She had ordered 3.5 ml Hydromet and the correct dose should not be more than 2 mgs every 6-8 hours.
On February 7th Bandit was taken to the Emergency Hospital (AVECCC) in Gilbert where he was triaged and taken back immediately for pain control and rehydration. Bandit was admitted for 24 hours and an emergency dentist was contacted for follow up. At the emergency hospital it was discovered that the sutures in his mouth had already fallen out, bone fragments were visible, and the fracture was severe on Xray. Bandit was given IM pain medication, long acting, as well as an antibiotic injection, as he had an oral aversion and would not allow anyone to be hear his face. On Monday February 10 Bandit was seen by Dr. Balke, emergency dentist, and he was immediately taken back for surgery. His jaw was wired together, gums resutured and lip sutured up to the cheek and in place, as well as bone fragments cleaned up. Bandit was sent home later in teh day with instructions to return for complications or at 6 weeks to have the wire removed. At home, Bandit did not eat or drink, was lethargic, withdrawn and in pain. Bandit was taken back to the dentist on February 12 for an IM injection of pain meds and for rehydration. This seemed to perk him up and he began to eat baby food a few hours later, the first food in over 10 days. On March 23, 2020, Bandit was taken back to Dr. Balke to undergo his 3rd anesthesia and 3rd surgery in a 7 week period, to have the wire removed from his jaw. Bandit continues to struggle with an oral aversion, and we have to now hand feed him. He is not the same dog as he was prior to Dr. Garza's assault on his face.

21-17

Incident Report from Dr. Christina Garza:

I initially assessed Bandit Hegarty for an examination and anal gland expression on January 11, 2020. On the initial visit, I assessed that the patient had at least 2 extractions visible externally with moderate disease, but the general oral health would be evaluated with probing and dental radiographs. The owners were concerned about general anesthesia in a geriatric animal. I informed them that we would use a geriatric protocol and try to keep anesthesia time as short as possible. I also offered pulse antibiotic therapy to help decrease oral bacterial load, but both options had risk. Antibiotics were not elected at that time.

On the day of periodontal disease treatment presentation, the patient arrived moderately anxious and whining. Bloodwork was drawn and assessed. There was an elevation in the alkaline phosphatase. I called and discussed that this could be due to the severity of dental disease and bony reactivity, or could be a primary liver abnormality. I recommended starting on a liver supplement and rechecking liver values in 1 month. I also informed the owner that if the anesthesia time to treat the dental disease becomes prolonged, I would recommend having a staged procedure performed to remove tartar and allow diseased tissues to heal and to reduce likelihood of anesthetic complication. Owners declined investigation or treatment of liver value elevation and informed that they were not interested in pursuing a staged procedure.

The patient was prepped, sedated, anesthetized, and dental radiographs were taken. The teeth were probed. There was significant dental disease, pocketing, rotated teeth, significant pocketing, and abscessation of multiple teeth multifocally throughout the mouth. There were numerous teeth that showed degradation of the root and were resorptive. On repeat radiographs of the lower left canine, there was a defect seen. Upon probing, pus was extruded and the tooth had a large pocket. Local blocks were performed as part of normal procedure. Elevation of the lower left canine started normally, with minimal alveolar bone removed to allow for placement of the elevator. The lower left canine had nearly no aveolar bone present, rather was covered with fibrous tissue. Upon completion of the elevation, there was laxity and mobility of the lower left mandible. A post-extraction radiograph was taken and a mandibular fracture was seen. I called the AZ Veterinary Dental Specialists and emailed them the radiographs. The dental specialist assessed the radiographs and discussed that the bone was likely weakened by the degree of disease present, so that during extraction, minimal to no cortical bone remained to keep the jaw intact. I asked if there was rigid fixation that could be performed at this time. The dental specialist informed that there was minimal bone present and minimal displacement at this time, so rigid fixation was not recommended. The dental specialist recommended applying a soft muzzle for 6-8 weeks, keeping it on for the duration of this time, and rechecking radiographs in 6 weeks.

The procedure was completed and pictures were taken. I called the owner after the patient recovered from anesthesia. I informed the owners of the complication encountered and of the discussion I had with the veterinary dental specialist and their recommendations. I also had a post-operative injectable medication administered for pain. I discussed that the bone may have already been compromised prior to procedure. I purchased 2 medium-sized mesh muzzles for the patient and applied one during recovery. The patient recovered uneventfully. Mild panting was seen after administration of the intravenous pain medication, but was otherwise comfortable.

I discussed discharge information with Tim Hegarty on the phone, and again to both Lisa and Tim Hegarty at discharge. Lisa was concerned that the muzzle was uncomfortable, impeding his ability to

eat, and irritating his face. I looked at and adjusted the muzzle, ensured that it did not touch the eyes, and that Bandit was able to open his mouth slightly with support of the muzzle on the underside of his jaw. Lisa was concerned that the muzzle was too long. I used a pair of scissors to adjust the muzzle length, ensuring the underside of the muzzle was longer than the lower jaw, and cut the top part so the top of his nares were visible. I gave them the information for the Arizona Veterinary Dental Specialists and AVECCC for any issues or concerns overnight. Lisa was dissatisfied with this plan and asked multiple times if there was another way to proceed. I informed her that upon advisement of the dental specialist, the recommended way to proceed was for a soft muzzle to be applied, soft/blended foods to be administered along with medications, and to recheck. Again, I informed her that the dental specialists had Bandit's radiographs and information, and she could schedule a second opinion with them in person.

Discharge information included the importance of controlling pain. I dispensed meloxicam as a non-steroidal anti-inflammatory, gabapentin, and clindamycin as an antibiotic for the abscesses and bony disease identified. I recommended gently cradling the head and using a syringe on the right side of his mouth to administer the liquids. No other medications were being administered according to the owners. I also recommended blending soft food and adding water to create a porridge for meals to be lapped up. I also recommended keeping the muzzle on at all times. If Bandit had an issue eating or drinking with it on, as confirmed by the dental specialist, they could carefully briefly remove the muzzle to allow for eating and drinking, but immediately replace it afterwards.

I called the next day with no answer and left a message asking how the night went. My technician also called and left the same message. Later, I received a call back saying Bandit was up that night pacing. I recommended adding oral buprenorphine, which I called in to a compounding pharmacy immediately. I recommended starting that as soon as possible.

I called the following day after that (2 days post operatively) and asked how things went. The owner informed that Bandit was up pacing that night and asked if oral medications could be increased. The owner had not yet picked up the prescription for buprenorphine called in the day prior. I recommended picking up the buprenorphine and starting that as soon as possible. If Bandit still appeared anxious, I could prescribe an anti-anxiety medication as well.

On the third day post-operatively, Lisa called in the morning and informed that Bandit was scratching at his muzzle, had bloody discharge from his mouth, and was still pacing. I called back and left a message, recommending increasing the gabapentin dose and to ensure he is getting the buprenorphine as well. For the bloody discharge, I recommended trying a slightly smaller size mesh muzzle to see if additional support keeps the fracture site more comfortable and/or better supported. I left a call back number and the time I would be out of the office.

On the fourth day post-operatively, there were multiple calls to the office in the morning with concern for the pets comfort and concern for his quality of life. Lisa asked multiple times if she needs to euthanize Bandit. I was in morning appointments and unable to talk to her at the time she called. I recommended bringing Bandit in for a follow-up visit. I asked the hospital manager to be present for the appointment as well. Lisa expressed her concern for his pain, and that he had not eaten or drank since surgery on Monday. She also informed that she had not been able to administer the pain medications since he was not eating. She included that she believed the muzzle was causing him discomfort, so she was not keeping it on continuously as directed in the discharge instructions. I informed the owners that

if Bandit is in pain, he will likely not eat. I performed a full examination. No hemorrhage or bloody discharge was seen from the mouth, and sutures were intact at that time. I recommended administering subcutaneous fluids, cerenia for possible nausea, and injectable hydromorphone for pain in hospital. Bandit had repeatedly been anxious in hospital, but owner informed that he appeared in pain at home. I recommended switching from buprenorphine to hydrocodone syrup, as well as using gabapentin capsules in case the flavor of the liquid was making Bandit more difficult to administer oral medications. Lisa approved in-clinic treatments. We also administered an oral dose of gabapentin to Bandit. I recommended sending home AD and EN canned prescription veterinary foods, and using a blender to liquify them with water to make a porridge. Lisa declined to take wet foods home. I recommended trying baby food, or using the blender with his current diet or other wet food. I also recommended using low-sodium chicken broth to help with appetite stimulation. I sent the owner home with a written prescription for the Hycodan syrup.

At that appointment, Lisa had discussed concern for being unable to administer the medications. I offered to administer the medications for Bandit daily for her. Lisa declined having us administer medications regularly in clinic. Lisa agreed to call us the following day with updates on how he did overnight. With approval of the hospital manager, we performed all treatments and administered all medications courtesy out of concern for Bandit.

On Monday (6 days post-operatively), I was informed that Lisa called to inform us that Bandit went to the emergency facility twice over the weekend and requested to talk to me as soon as possible. I called back approximately 15 minutes later to the requested number and left a message saying I had reviewed the information sent from the emergency facility. Lisa informed that per the emergency doctor, the hydrocodone dose was excessive and they had to reverse it. The emergency doctor also kept Bandit overnight and administered fluids. My contact with the owners ended at that time. Per the records I reviewed, Bandit had a surgery performed with the dental specialists and they were scheduled for continued follow-up there. The Hegartys requested for an insurance claim to be processed, which was handled by the hospital manager. I requested to the hospital manager for a complete refund of the procedure due to expressed concern for financial hardship and multiple specialist visits, which was approved. The owner was reimbursed for all costs associated from the date of the procedure onwards.

With respect to the dosing of this medication, for analgesia, the recommended dosing according to multiple sources, including VIN and Plumb's, is 0.44mg/kg administered orally every 6 to 8 hours. For anti-tussive effects, the dosing increases up to 0.5mg/kg every 6-12 hours. With the patient weighing 15.4 lbs, and the medication concentration was 1mg/ml of hydrocodone, I calculated the dose as written on the instructions. Due to the possibility of reduced oral availability of the opioid, I used the slightly higher anti-tussive dose of 0.5mg/kg with the analgesic frequency of every 8 hours. When Lisa expressed concern for the dosing as allegedly iterated by AVECCC, I rechecked the dosage and also had two other doctors at my clinic recheck the dosage. We all determined that the medication was prescribed within the recommended interval. No overdosage was calculated.

I discussed the case with our insurance company, and a settlement was reached as far as I was told regarding Bandit's case. A request to have his records transferred to another veterinary clinic was processed and approved.

Communication about this case went through me, our hospital manager Kimberly Davis, and a few receptionists and technicians who relayed call backs. Those messages can be seen within the medical record. An attached sheet from the hospital manager has been included.

Signed,

Christina Garza, DVM

DOUGLAS A. DUCEY
- GOVERNOR -

VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-17
Complainant(s): Lisa Hegarty
Respondent(s): Christina Garza, DVM (License: 7075)

SUMMARY:
Complaint Received at Board Office: 8/26/20
Committee Discussion: 1/5/21
Board IIR: 2/17/21

APPLICABLE STATUTES AND RULES:
Laws as Amended August 2018 (Lime Green); Rules as Revised September 2013 (Yellow).

On February 3, 2020, "Bandit," a 14-year-old male Shih-Tzu was presented to Respondent for a dental procedure. During extraction of the lower left canine tooth the mandible fractured. Respondent called Arizona Veterinary Dental Specialists and emailed them the radiographs. At that time, it was recommended a soft muzzle be placed on the dog for 6 – 8 weeks. Complainant was informed of what transpired and the recommendations; the dog was discharged later that day with pain medication and feeding recommendations.

On February 7, 2020, the dog was presented to an emergency facility due to continued pain, anorexia and restlessness. The dog was hospitalized overnight and a consultation was set up for a dental specialist to evaluate the dog.

On February 10, 2020, the dog was presented to Arizona Veterinary Dental Specialists for consultation. The dog was anesthetized for exam and diagnostics; based on the findings, a single 24 gauge interosseous wire was placed to stabilize the fracture. The dog was discharged later that day with instructions to have the wire removed in six weeks.

Complainant was noticed and appeared telephonically.
Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Lisa Hegarty*
- Respondent(s) narrative/medical record: *Christina Garza, DVM*
- Consulting veterinarian(s) narrative/medical record: *Arizona Veterinary Emergency & Critical Care Center; Arizona Veterinary Dental Specialists.*

PROPOSED 'FINDINGS of FACT':

1. On January 11, 2020, the dog was presented to Respondent for an exam and anal gland expression. The dog was examined and Respondent noted that the dog had significant dental disease with gingival recession over upper and right and left molars. She discussed the severity of the dog's dental disease and recommended having a dental cleaning. Respondent explained that the dog's general oral health would need to be evaluated under anesthesia with dental radiographs and probing. She discussed the increased risks due to age – pulse antibiotic therapy was also discussed and its associated risks.

2. On February 1, 2020, Complainant's husband called Respondent to report that the dog's mouth appeared to be bothering him. He requested pain medication while they decide to have the dental performed. Additionally, Mr. Hagerty expressed concern about performing the dental due to the dog's age and asked if there was another way to perform extractions without sedation/anesthesia. A written prescription was provided for Tramadol.

3. On February 3, 2020, the dog was presented to Respondent for a dental procedure. Upon exam, the dog had a weight = 15.8 pounds, a temperature = 102.9 degrees, a heart rate = 140rpm, and a respiration rate = 36rpm. Blood work was performed and an elevated Alk Phos (907) was noted; Respondent called Complainant and explained that the elevation could be secondary to severe dental disease, age related, or primary hepatopathy. She recommended starting the dog on a liver supplement and rechecking the Alk Phos in one month.

4. An IV catheter was placed and the dog was started on IV fluids; he was pre-medicated, induced and intubated. Full mouth dental radiographs were performed; the teeth were scaled and probed. Multiple teeth were missing; there was crowding, bone loss and mobility. An epulis was present and was removed with a scalpel. Tooth 304 (left lower canine) had pocketing with mobility and a resorptive lesion over the root. Eight teeth were extracted, including tooth 304. During the extraction of tooth 304, the mandible was fractured. Post extraction radiographs were performed to confirm removal of all roots. Gingival flaps were closed.

5. Respondent immediately contacted Arizona Veterinary Dental Specialists after the mandible was fractured – radiographs were emailed to them and the case was discussed with two specialists. According to Respondent, both concurred that placing the dog in a soft muzzle for 6 – 8 weeks with adequate pain control and antibiotics for bone infection was the best option. They discussed rigid fixation; due to the lack of bone, rigid fixation was not feasible. It was recommended to recheck radiographs in 4 – 6 weeks.

6. Dr. Balke confirmed in his narrative that he spoke with Respondent, although not written in the medical record. He stated that if referral was not possible, a soft muzzle could be placed and the fracture may stabilize with a callus or a fibrous malunion may form which would result in some instability but typically the mouth could still be functional.

7. Respondent stated that she called the pet owners to discuss the complication of mandibular fracture that occurred. She spoke to Mr. Hegarty and told him of the conversation she had with the dental specialists and their recommendations and that the bone may have already been compromised prior to the procedure. Respondent administered post-operative pain medication to the dog, purchased two medium sized soft muzzles for the dog and applied one during recovery.

8. When Complainant and her husband arrived to pick up the dog, Respondent again went over discharge instructions. Complainant was concerned with the muzzle impeding the dog's ability to eat. Respondent adjusted the muzzle – she cut the length, ensured that it did not touch the dog's eyes, the top of his nares could be seen, and that the dog was able to open his mouth slightly with support of the muzzle on the underside of his jaw. Complainant was given information for Arizona Veterinary Dental Specialists and an emergency facility in case there were issues or concerns overnight.

9. The dog was discharged with meloxicam, gabapentin and clindamycin. Respondent recommended cradling the dog's head and using a syringe on the right side of the mouth to administer the liquids. She also recommended blending soft food and adding water to create porridge for meals to be lapped up. It was recommended to keep the muzzle on at all times. If the dog had difficulty eating with the muzzle on, they could briefly remove it to allow for eating and drinking, but should immediately replace it afterwards.

10. The following day, Respondent called to check on the dog. Complainant later reported that the dog was up pacing during the night therefore Respondent recommended adding oral buprenorphine – Respondent called the prescription into a compounding pharmacy.

11. On February 5, 2020, Respondent called again to check on the dog. Complainant reported that the dog was still up pacing at night and asked if she could increase the medications. Complainant had not yet picked up the buprenorphine. Respondent recommended picking up the buprenorphine and starting it as soon as possible. If the dog still appeared anxious, Respondent could prescribe an anti-anxiety as well.

12. On February 6, 2020, Complainant called to report the dog was scratching at the muzzle, had bloody discharge from the mouth, and was still pacing. Respondent recommended increasing the gabapentin dose and ensure the dog was getting the buprenorphine as well. For the bloody discharge, a smaller muzzle could be attempted to see if additional support would keep the fracture site more comfortable and/or better supported.

13. On February 7, 2020, Respondent stated that Complainant called several times with

concern for the dog's comfort and quality of life. It was recommended to bring the dog in for an exam. Complainant reported that the dog has not eaten or drank since the surgery and she was concerned the dog was in pain as she had not been able to administer the pain medications. She further stated that she believed the muzzle was causing discomfort therefore she was not keeping it on continuously.

14. Respondent examined the dog and recommended administering SQ fluids, cerenia for possible nausea and injectable hydromorphone for pain in hospital. She also recommended switching buprenorphine to hydrocodone syrup as well as using gabapentin capsules in case the flavor of the liquid was making the dog more difficult to medicate. Complainant approved the treatments. Respondent further recommended a variety of foods and food blends to stimulate the dog's appetite. Due to Complainant having difficulties administering the medications to the dog, Respondent offered to administer the medications to the dog for her; Complainant declined. All treatments were performed at no charge out of concern for the dog.

15. Later that evening, the dog was presented to Dr. Smith at Arizona Veterinary Emergency & Critical Care Center due to anorexia, resistant to taking the prescribed medications, pain, and restlessness. The dog was examined and admitted for hospitalization and pain management. The next morning, the dog's pain appeared to be well controlled and a consultation was set up with Arizona Veterinary Dental Specialists for Complainant to discuss treatment options. Since the dog was eating for the pet owners and his level of anxiety had improved, the dog was discharged.

16. February 10, 2020, the dog was presented to Dr. Balke at Arizona Veterinary Dental Specialists to evaluate the mandibular fracture. The dog could not be examined while awake, therefore the dog was placed under general anesthesia and a complete oral examination with full mouth intraoral radiographs were performed. Dr. Balke found mandibular instability at the site of 304, dehiscence of suture and open fracture segments. He stabilized the fracture by placing a singular 24 gauge interosseous wire across the fracture site and tightened to prevent movement of the fracture segments. The site was closed with absorbable suture. Dr. Balke recommended continuing the medications previously prescribed (meloxicam and clindamycin) and recheck in two weeks and wire removal in six weeks.

17. On March 23, 2020, the dog was presented to Dr. Balke where the dog was anesthetized for radiographs and evaluation of the fracture. Radiographs showed callus formation at the fracture site and the wire was removed.

COMMITTEE DISCUSSION:

The Committee discussed that there was questionable client compliance with respect to administering medications, using the soft muzzle as directed and the written discharge instructions provided to the pet owner. There was some confusion on what Complainant recalls what she was told to do and what she recalls doing versus what Respondent indicated in the medical record that she advised the pet owner.

The Committee commented that they did not think it should be left up to the pet owner to find an appropriate muzzle for the dog. Additionally, the Committee expressed concern that Respondent spoke openly about her discussion with Complainant regarding the elevated lab values, the age of dog and the possibility of staging the dental – Complainant stated that discussion never occurred.

The Committee was happy that Respondent consulted with a dental specialist immediately to get advice and guidance on the incident.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division